

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                               |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>012131</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/21/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VIBRA HOSPITAL OF NORTHWESTERN INDIANA</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9509 GEORGIA ST</b><br><b>CROWN POINT, IN 46307</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| S 000   | <p>INITIAL COMMENTS</p> <p>This visit was for investigation of a State hospital complaint.</p> <p>Complaint Number:<br/>IN00124378</p> <p>Substantiated: No deficiencies cited related to the allegations.</p> <p>Date: 3/21/13</p> <p>Facility Number: 012131</p> <p>Surveyor: Jacqueline Brown, R.N., Public Health Nurse Surveyor</p> <p>Vibra Hospital of Northwestern Indiana is in compliance with 410 IAC 15-1.5-6, Nursing service, and 410 IAC 15-1.5-7, Pharmaceutical services, Indiana Hospital Licensure Rules.</p> <p>QA: cloughlin 04/04/13</p> | S 000   |  |  |

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

I8S011

If continuation sheet 1 of 1